

2011 Adult Baseball Registration Form

Office Use Only

Date: _____
Fee Paid: _____
Type: Credit Check #: _____
Receipt #: _____
Staff Initials: _____

Fall Registration

August 8 - until filled (7 teams max)

8:30 am - 5:30 pm

Entry Fee : \$450

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters)

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Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average No Skill

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

League Preference : (circle one)

Team Status :

1. Men's Open

Returning

Combination of Past Teams

New Team

Each team **must** submit a roster to the Athletics Office before their first game.

Please initial here if you give permission for your address and/or telephone numbers to be given out to anyone requesting them for any reason. INITIALS: _____



Athletics Department

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parks.raleighnc.gov/athletics